PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	-or Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
THEATRICAL PROTEC	TIVE UNION LOCAL N	NO ONE IATSE NEW YO	PRK CITY STAGEHANDS PAC INC
ADDRESS (number and street)	320 WEST 46TH STREET		
Check if different			
than previously reported. (ACC)	NEW YORK		NY 10036
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	TY A	STATE ▲ ZIP CODE ▲
C C00325639		S THIS REPORT NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5	(Non-Election Year Only)
(a) Quarterly Reports:		Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (C	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (C	23)	M M / D D /	Y Y Y in the
January 31 Year-End Report (Y	(E) Election		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	neport for the.	M = M / D = D /	Y = Y = Y = Y in the
(1-1.1)	Election	on on	State of
5. Covering Period 07	01 2016	through 09	30 2016
I certify that I have examined th			rue, correct and complete.
Type or Print Name of Treasure	MCDONOUGH, ROBERT,	, ,	
Signature of Treasurer MCD	OONOUGH, ROBERT, , ,	[Electronically Filed]	Date 10 15 2016
NOTE: Submission of false. errone	eous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 3010
Office		, , , , , , , , , , , , , , , , , , , ,	FEC FORM 3X
Use Only			Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

THEATRICAL PROTECTIVE UNION LOCAL NO ONE IATSE NEW YORK CITY STAGEHANDS PAC INC

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2016		15193.09
(b) Cash on Hand at Beginning of Reporting Period	20379.32	
(c) Total Receipts (from Line 19)	2096.43	7723.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22475.75	22916.15
Total Disbursements (from Line 31)	7997.29	8437.69
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14478.46	14478.46
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

THEATRICAL PROTECTIVE UNION LOCAL NO ONE IATSE NEW YORK CITY STAGEHANDS PAC INC

602.00 1490.00 2092.00 0.00 0.00 0.00 0.00 0.00 0	Calendar Year-to-Date 1112.00 6598.00 7710.00 0.00 7710.00 0.00 0.00 0.00
1490.00 2092.00 0.00 0.00 2092.00 0.00 0.0	7710.00 0.00 0.00 7710.00 0.00 0.00
1490.00 2092.00 0.00 0.00 2092.00 0.00 0.0	7710.00 0.00 0.00 7710.00 0.00 0.00
1490.00 2092.00 0.00 0.00 2092.00 0.00 0.0	7710.00 0.00 0.00 7710.00 0.00 0.00
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0.00	0.00
0.00	0.00
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	0.00
2000 11	
2096.43	7723.06
	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: — (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	87.87	278.27
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	87.87	278.27
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	5000.00	5250.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Parfy Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
` '	4 4 4	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	2909.42	2909.42
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7997.29	8437.69
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	7997.29	8437.69

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2092.00	7710.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2092.00	7710.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	87.87	278.27
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	87.87	278.27

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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(0	(check only one)											
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THEATRICAL PROTECTIVE UNION LOCAL NO ONE IATSE NEW YORK CITY STAGEHANDS PAC INC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name FRIEDMAN, MITCHELL, , , Date of Receipt Mailing Address 18 CYRUS POINT 2016 City Zip Code State Transaction ID: SA11AI.9080 NY **BAYVILLE** 11709 Amount of Each Receipt this Period FEC ID number of contributing C 115.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Multiple employers Stagehand Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FRIEDMAN, MITCHELL, , , Date of Receipt Mailing Address 18 CYRUS POINT 07 28 2016 City State Zip Code Transaction ID: SA11AI.9118 **BAYVILLE** NY 11709 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Multiple employers Stagehand Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. MANNO, ANTHONY, J., Date of Receipt Mailing Address 32 CEDARLAWN BLVD 01 2016 City State Zip Code Transaction ID: SA11AI.9066 NY **VALLEY STREAM** 11580 Amount of Each Receipt this Period FEC ID number of contributing C 22.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) TPU Local One Union Stagehand Receipt For: Aggregate Year-to-Date ▼ Primary General 282.00 Other (specify) 147.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:							PAGE		7	OF		13
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) THEATRICAL PROTECTIVE UNIC	ON LOCAL NO ONE IATSE NEW YO	RK CITY STAGEHANDS PAC INC				
Full Name of Individual (Last, First, Middle MANNO, ANTHONY, J, ,	Date of Receipt					
Mailing Address 32 CEDARLAWN BLVD	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City VALLEY STREAM	State Zip Code NY 11580	Transaction ID : SA11AI.9081 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	190.00				
Name of Employer (for Individual) TPU Local One Union						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 472.00					
Full Name of Individual (Last, First, Middle MANNO, ANTHONY, J, ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 32 CEDARLAWN BLVD	La Lau	09 06 2016				
City VALLEY STREAM	State Zip Code NY 11580	Transaction ID : SA11AI.9101 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual) TPU Local One Union	Occupation (for Individual) Stagehand	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 492.00					
Full Name of Individual (Last, First, Middle MANNO, ANTHONY, J, ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 32 CEDARLAWN BLVD		09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City VALLEY STREAM	State Zip Code NY 11580	Transaction ID : SA11AI.9104 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual) TPU Local One Union	Occupation (for Individual) Stagehand	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 512.00					
SUBTOTAL of Receipts This Page (optional).		230.00				
TOTAL This Period (last page this line number	er only)	· · · · · · · · · · · · · · · · · · ·				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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				to solicit contributions from such committee.
NAME OF COMMIT THEATRICAL F		LOCAL NO	ONE IATSE NEW YORK	K CITY STAGEHANDS PAC INC
Full Name of Indivice A. STAPLES, WILL Mailing Address #2 City MIDDLETOWN FEC ID number of of federal political com Name of Employer Multiple employers Receipt For: Primary Other (specify	contributing mittee. (for Individual) General	State NJ	Zip Code 07748 ation (for Individual)	Date of Receipt M M
B. Mailing Address	dual (Last, First, Middle Initia	ll) or Full Orga	anization Name	Date of Receipt
City		State	Zip Code	Amount of Each Receipt this Period
FEC ID number of of federal political com	mittee.	Occup	ation (for Individual)	Memo Item
Receipt For: Primary Other (specify	General) ▼			
Full Name of Individ	dual (Last, First, Middle Initia	ll) or Full Orga	anization Name	Date of Receipt
Mailing Address City		Amount of Each Receipt this Period		
FEC ID number of of federal political com	· ·	С		
Name of Employer	(for Individual)	Occupa	ation (for Individual)	Memo Item
Receipt For: Primary Other (specify	General	Aggregate Ye	ear-to-Date ▼	
	ots This Page (optional)		·	225.00 602.00

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\setminus	NAME OF COMMITTEE (In Full)							
	THEATRICAL PROTECTIVE UNION LO	OCAL NO	ONE IATSE	NEW YORK	CITY STAGEHANDS PAC INC			
_	Full Name (Last, First, Middle Initial)				Data of Bishows and			
A.	Intuit				Date of Disbursement			
	Mailing Address 2700 Coast Ave				09 02 7 2016			
	City	State	Zip Code		FEC Identification Number			
	Mountain View	CA	94043					
	Purpose of Disbursement				[C]			
	Candidate Name				Transaction ID : SB21B.9147			
	Caradato Harro			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburser	ment For:		.,,,,	19.95			
	Senate	Primary	General		7 7 7			
	President	Other (spec	cify) 🔻		Memo Item			
_	State: District:				ш			
_	Full Name (Last, First, Middle Initial)				B (B) .			
В.	Intuit				Date of Disbursement			
	Mailing Address 2700 Coast Ave				09 06 2016			
	City	State	Zip Code		FFO Identification Number			
	Mountain View	CA	94043		FEC Identification Number			
	Purpose of Disbursement							
	Candidate Name				Transaction ID : SB21B.9148			
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburser				1.29			
	Senate	Primary	General		4 4			
	President	Other (spec	cify)		Memo Item			
	State: District:				Wellio Relli			
_	Full Name (Last, First, Middle Initial)							
C.	Intuit				Date of Disbursement			
	Mailing Address 2700 Coast Ave				09 06 7 2016			
	City	State	Zip Code					
	Mountain View	CA	94043		FEC Identification Number			
	Purpose of Disbursement				C			
					Transaction ID : SB21B.9149			
	Candidate Name			Category/	Amount of Each Disbursement this Period			
	Office Sought: House Disburser	ment For:		Туре	0.81			
	Senate Disburser	Primary	General		0.01			
	President	Other (spec			Mama Itam			
	State: District:	` .			Memo Item			
s	UBTOTAL of Disbursements This Page (optional)				22.05			
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SCHEDULE B (FEC Form 3X)	Hee car-	roto ochodula/a\		NUMBER:	PAGE 10 OF 13			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check or for each category of the							
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THEATRICAL FROTECTIVE UNION EC	CAL NO	ONL IATOL I	NEW TORK	CITT STAGETI	ANDS FAC INC			
Full Name (Last, First, Middle Initial)								
A. Intuit				Date of Disburse				
Mailing Address 2700 Coast Ave				09 / 12 / 2016				
,	State	Zip Code		FEC Identification	n Number			
Mountain View	CA	94043						
Purpose of Disbursement				C				
Candidate Name			Category/		ID: SB21B.9150 Disbursement this Period			
			Type	Amount of Lacin				
Office Sought: House Disbursen	nent For:			75	2.09			
	Primary	General						
President State: District:	Other (spec	city) 🔻		Memo Item				
Full Name (Last, First, Middle Initial)								
B. Intuit				Date of Disburse				
Mailing Address 2700 Coast Ave				1	4 2016			
,	State	Zip Code		FEC Identification	n Number			
Mountain View Purpose of Disbursement	CA	94043						
Talpood of Biobardoment				C				
Candidate Name	Category/ Type				ID: SB21B.9151 Disbursement this Period			
Office Sought: House Disbursen					1.69			
	Primary	General			1.00			
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State: District:				Memo Item				
Full Name (Last, First, Middle Initial)								
C. Intuit				Date of Disburse				
Mailing Address 2700 Coast Ave				09 / 2				
City	State	Zip Code						
Mountain View	CA	94043		FEC Identification	n Number			
Purpose of Disbursement								
Candidate Name				Transaction	ID : SB21B.9152			
Candidate Name			Category/	Amount of Each	Disbursement this Period			
Office Sought: House Disbursen	nent For:		Туре		0.89			
	Primary	General		4	4 4			
President	Other (spec	cify) 🔻		Memo Item				
State: District:								
					4.67			
SUBTOTAL of Disbursements This Page (optional)			·····•		4.07			
TOTAL This Period (last page this line number only)								

S 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THEATRICAL PROTECTIVE UNION LOCAL NO ONE IATSE NEW YORK CITY STAGEHANDS PAC INC Full Name (Last, First, Middle Initial) A. Intuit Mailing Address 2700 Coast Ave City Mountain View Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Category/ Name (Last, First, Middle Initial) Date of Disbursement this Period Transaction ID: S821B.9153 Amount of Each Disbursement this Period The Category/ Name (Last, First, Middle Initial) Date of Disbursement this Period Transaction ID: S821B.9153 Amount of Each Disbursement this Period The Category/ Name (Last, First, Middle Initial) Date of Disbursement ID: S821B.9153 Amount of Each Disbursement this Period Transaction ID: S821B.9153 Amount of Each Disbursement this Period Transaction ID: S821B.9153 Amount of Each Disbursement ID: S821B.915	SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE 11 OF 13	
Detailed Summary Page 28 28 28 28 28 28 28 2	ITEMIZED DISBURSEMENTS			hedule(s) (check only o			
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee its solicit contributions from such committee. NAME OF COMMITTEE (In First) THEATRICAL PROTECTIVE UNION LOCAL NO ONE IATSE NEW YORK CITY STAGEHANDS PAC INC Full Name (Last, First, Middle Initial) A. Intuit Mailing Address 2700 Coast Ave City Mountain View Candidate Name Candidate Name Category/ Purpose of Disbursement Candidate Name Category/ Purpose of Disbursement Candidate Name Category/ State Disbursement For: State: State: Disbursement Candidate Name Category/ City State: Disbursement Candidate Name Category/ City State: Disbursement Candidate Name Category/ City State: Disbursement Candidate Name Category/ State: Disbursement Candidate Name Category/ City State: Disbursement Candidate Name Category/ State: Disbursement Candidate Name Category/ Purpose of Disbursement Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Category/ Purpose of Disbursement Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name City State: Disbursement Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Category/ Purpose of Disbursement Candidate Name Candidate Name							
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pitt) THEATRICAL PROTECTIVE UNION LOCAL NO ONE IATSE NEW YORK CITY STAGEHANDS PAC INC Full Name (Last, First, Middle Initial) A. Intuit Mailing Address 2700 Coast Ave City State City State Primary Office Sought: House Primary Office Sought: Full Name (Last, First, Middle Initial) B. State Dishort: Full Name (Last, First, Middle Initial) Mailing Address City State: Dishort: Full Name (Last, First, Middle Initial) Dishort: Full Name (Last, First, Middle Initial) Dishort: Full Name (Last, First, Middle Initial) Date of Disbursement Inc. Category/ Type Office Sought: House Purpose of Disbursement Candidate Name Cladedate Name Click Senate Primary Office Sought: House Primary Office Sought: House Primary Office Sought: Senate Primary Office Sought: House Primary Office Sought: Senate Primary Office Sought: House Primary Office Sought: State: Dishort: Category/ Type Office Sought: House Primary Office Sought: State: Dishort: Amount of Each Disbursement Institute In	[<u> </u>					
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Full Name (Last, First, Middle Initial) A. Inituit Mailing Address 2700 Coast Ave City	NAME OF COMMITTEE (In Full)						
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City Mountain View CA Zip Code State CA Zip Code Sender Sender President Other (specify) ▼ Mailing Address City Mountain View CA Zip Code Sender Sender President Other (specify) ▼ Mailing Address City State Zip Code Primary General Other (specify) ▼ Memo Item FEC Identification Number Category/ Transaction ID: SB218.9153 Amount of Each Disbursement his Period Disbursement For: Sender President Other (specify) ▼ Mailing Address City State Zip Code Primary General Other (specify) Type Fill Name (Last, First, Middle Initial) Fell Name (Last, First, Middle Initial) C. Amount of Each Disbursement this Period Other (specify) Type Fill Name (Last, First, Middle Initial) C. Amount of Each Disbursement this Period Disbursement Tor: Senate Primary General Other (specify) Type Category/ Amount of Each Disbursement this Period Disbursement Tor: Candidate Name City State Zip Code FEC Identification Number Category/ Amount of Each Disbursement this Period Disbursement Tor: Candidate Name Category/ Amount of Each Disbursement Tor: Candidate Name Category/ Amount of Each Disbursement this Period Disbursement Disbursement Tor: Senate Primary General Disbursement Disbursement Tor: Senate Primary General Disbursement Tor: Senate Primary General Disbursement Disb	. , , , , , , , , , , , , , , , , , , ,				Data of Diah		
City Mountain View Candidate Name Candidate Name Category/ Office Sought:			M = M /	D D / Y Y Y Y			
Mountain View					09	30 2016	
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Full Name (Last, First, Middle Initial) A. POLITICAL ACTION COMMITTEE OF THE INTERN STAGE EMPLOYEES	NATIONAL ALLI	IANCE OF THE	ATRICAL	Date of Disbursement
Mailing Address 207 WEST 25TH STREET 4TH FLOOR				07 21 2016
City NEW YORK	I .	p Code 10001		FEC Identification Number
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